

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE														
						APPLICANT(S)															
CLAIMS						CLAIMS															
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP			IND		DEP			IND		DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP		IND	DEP	IND	DEP		IND	DEP		
1	/												51								
2	/												52								
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47													97								
48													98								
49													99								
50													100								
TOTAL IND.	2																				
TOTAL DEP.	18																				
TOTAL CLAIMS	15	20																			